								Application or Docket Number				
PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2003												
CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS			a				RA	TE	FEE	1	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA		BASI	C FE	385.00	OR	BASIC FEE	770.00
TOTAL CHARGEABLE CLAIMS			0. minus 20=		*		X\$ 9=			OR	X\$18=	
INDEPENDENT CLAIMS			3 minus 3 =		*		X43=			OR	X86=	
MU	LTIPLE DEPEN	IDENT CLAIM PI	RESENT				+145=			OR	+290=	
* If the difference in column 1 is less than zero, enter "0" in column 2							TO			OR	TOTAL	יריד
8/3/16 CLAIMS AS AMENDED - PART II								_	L	,	OTHER	
/	(Column 1) (Column 2) (Column 3)						SMALL ENTITY			OR	SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID I	BER	PRESENT EXTRA	RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	. 5	Minus	-2	0	= —	xs	9=		OR	X\$18=	
	Independent	· <u>3</u>	Minus	***		=	X43=	3=		OR	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						+14	5-		OR	+290=	
TOTAL											TOTAL	
(Column 1) (Column 2) (Column 3)								FEE	<u> </u>	OR	ADDIT. FEE	,
		(Column 1) CLAIMS		HIGH	EST	(Column 3)			ADDI-	1		ADDI-
AMENDMENT B		REMAINING AFTER AMENDMENT		PREVIO PAID I	USLY	PRESENT EXTRA	RA'	ΓE	TIONAL		RATE	TIONAL
	Total	*	Minus	** '	_	=	X\$	9=		OR	X\$18=	
	Independent	•	Minus	***			X4:	}=		OR	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						+14	5=		OR	+290=	
								TAL			TOTAL	
								FEE			ADDIT. FEE	
	<u> </u>	(Column 1) CLAIMS		(Colun		(Column 3)						
AMENDMENT C		REMAINING AFTER AMENDMENT		NUME PREVIO PAID I	USLY	PRESENT EXTRA	RAT	Έ	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		= .	X\$)=		OR	X\$18=	
	Independent	*	Minus	***		=	X43	=		O'R	X86=	
<u>"</u>	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									Un.		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	+290=	
* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."										OR ,	TOTAL ADDIT. FEE	
		ber Previously Paid					found in the	e app	propriate box	in col	umn 1.	

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